

The Queen City Academy Charter School 815 West 7<sup>th</sup> Street Plainfield, New Jersey 07063 Phone 908.753.4700 Fax 908.753.4816 www.queencity.edu

To complete the application you will need the following:

- Birth Certificate
- Record of Child's Immunization
- Proof of Address (bill, rent receipt, lease, deed, etc.)
- Proof of Attendance at a Plainfield Public School (a copy of your child's most recent report card, and a copy of your child's NJASK test scores)

NOTE:

- Incomplete applications will NOT be accepted.
- Applications are kept on file for one (1) year. You must reapply every year.

The Queen City Academy Charter Scho Phone: (908) 753-4700 Fax (908) 753-48 Website: www.queencity.edu Application for Admission/2009-2010 Sch		6	
Otoday Nama			
Student's Name:		middle	last
		inidato	
Birth date:		Sex: M	F (circle one)
month day	year		
Current School:			
Current grades Data/Crea			
Current grade: Date/Grad	le for which you are	e requesting admi	ission:
Name of parent			
Or legal guardian first			last
Address:			
street	t	city	zip code
		5	·
Telephone: ()			
area code home		area code	work
Name of parent			
Or legal guardian first		last	
Addross			
Address:street	t	city	zip code
		•	
Telephone: ()area code home	()		
area code nome	: that we are unable to	area code	work ht/guardians at the above telephone
numbers:			
Name:			
first			last
Telephone:			
home	;		work
Do any the child's siblings currer	ntly attend Queen Cit	y: Yes	No (circle one)
Please list: Name:	Current grade		
Name	Current grade		—
Name:	Current grade		_
Note: All information on this appl and accept admission to Queen			Names of students who are offered, School district. The Queen City
Academy Charter School enrolln			
origin, disability, or color.		0	

Parent or legal guardian signature

Date

Mail all completed applications to: The Queen City Academy Charter School 815 W. 7<sup>th</sup> Street Plainfield NJ 07060